## PATENT APPLICATION FEE DETERMINATION RECORD

Effective November 10, 1998

CLAIMS AS FILED - PART I								SMALL ENTITY			OTHER THAN	
(Column 1) (Column 2)								TYPE		OR	SMALL	
FOR		N	NUMBER FILED		NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE									380.00	OR		760.00
то	TAL CLAIMS		18 mi	nus 20=	*		]   ;	<b>K\$</b> 9=		OR	X\$18=	
INDEPENDENT CLAIMS minus 3 = *								X39=		OR	X78=	
MU	MULTIPLE DEPENDENT CLAIM PRESENT							130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2							T	OTAL		OR	TOTAL	NãO
CLAIMS AS AMENDED - PART II							'			OTHER	THAN	
	(Column 1) (Column 2) (Column 3)						S	MALL I	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIM REMAIN AFTEI AMENDM	ING R	P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDN	Total	*	Minus	**		=		(\$ 9=		OR	X\$18=	
AME	Independent FIRST PRESE	*	Minus	**	·	=	} \ \>	⟨39=		OR	X78=	
	THOTTREDE		OI WOLIN LL	DEI EIN	DEITI ODAIII	<u> </u>	<b>J</b>   +	130=	ï	OR	+260=	
							405	TOTAL		OR	TOTAL ADDIT. FEE	
		(Colum	n 1)	((	Column 2)	(Column 3)		IT. FEE		•	ADDII. FEEI	
AMENDMENT B		CLAIM REMAIN AFTE AMENDM	IS ING R	P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	] [	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NDM	Total	*	Minus	**		=	] [×	\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	, **	<u> </u>	=	] [>	(39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ├─			Uh		
							L	130=		OR	+260=	
							ADD	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	
		(Columi			Column 2)	(Column 3)						
AMENDMENT C		CLAIM REMAIN AFTEI AMENDM	ING R	PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	R	ATE-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	X	\$ 9=		OR	X\$18=	
	Independent	*	Minus	**		=		39=		ł	X78=	
dash	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						J ├─			OR		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												
**	f the "Highest Nu	mber Previo	usly Paid For In	THIS SP	ACE is less tha	n 20, enter "20.		TOTAL IT. FEE		OR ,	TOTAL ADDIT. FEE	
""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	406199
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## Total Fee Calculation

1 otal Fee Calculation									
	Fee Code	Total # Claims	Number Extra	x	Fee	Fec =	Total		
	Sm./Lg.				Sm. Entity	Lg. Entity	• .		
Basic Filing Fee	201/101					=	Mas		
Total Claims >20	203/103	-20 =		x	<del></del>				
Independent Claims >3	202/102	-3 =		x		=			
Mult. Dep Claim Present	204/104						****		
Surcharge	205/105	•	•			<u> </u>			
English Translation	139						<u> </u>		
TOTAL FEE CALCULA	ATION						<del>*</del>		
Fees due upon filing t	he application:								
Total Filing Fees Due	= \$	890. <u>0</u>		_					
Less Filing Fees Subn	nitted - \$								
BALANCE DUE	. =\$_2	90.00		_	•				
Office of Initial Patent	Examination								

Figure 7